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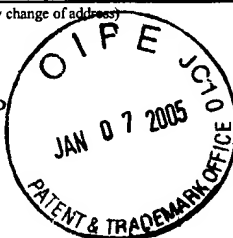
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24353 7590 11/02/2004

BOZICEVIC, FIELD & FRANCIS LLP
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Kimberly W. Zuehlke (Depositor's name)
[Signature] (Signature)
7 January 2005 (Date)

01/12/2005 GWORDF2 00000009 500815 09991469

01 FC:2501 700.00 DA
 02 FC:1504 300.00 DA
 03 FC:0001 30.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/991,469	11/21/2001	James G. Whyne	441742001320	3827

TITLE OF INVENTION: DISTAL ANASTOMOSIS SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	565 700.00	\$300	595 1000.00	02/02/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
WOO, JULIAN W	3731	606-153000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
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Carol M. LaSalle
2 Bozicevic, Field
3 & Francis LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Converge Medical, Inc.

Sunnyvale, California 9

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ Issue Fee
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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *[Signature]*
 Typed or printed name **Carol M. LaSalle**

Date **01/07/05**
 Registration No. **39,740**

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